

T (209) 955-6100 F (209) 955-6199

Acumen, Agility, Answers,



REDACTED- FOR PUBLIC INSPECTION

MOSS-ADAMS LLP
Certified Public Accountants | Business Consultants

June 23, 2014

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, S.W. Washington, DC 20554

RE: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, National Research Confidence of the Confiden

WT Docket No. 10-208, Before the Federal Communications Commission

Dear Ms. Dortch:

Logan Telephone Coop. Inc., a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

Eric N. Votaw, Senior Manager for

Ein M. Vartans

Moss Adams LLP

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division Brian Stanley, Logan Telephone Coop. Inc.

2015 Study Area Code 2015 Study Area Code 2015 Study Area Stame 2015 Study Area Study Study Area Study	FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Contact Name: Person USAC should contact with question about this data Contact Telephone Number: Number of the person identified in data line <0300 ANNUAL REPORTING FOR ALL CARRIES Competion Completion Required ANNUAL REPORTING FOR ALL CARRIES Competion Completion Required Louds be refer end of Completion Required Louds be refer end of Completion Required Louds be refer end of Completion Required Louds be refer end of Completion Required Louds be refer end of Completion Required Louds be	<010>	Study Area Code	260413	
Comparison Secretar Name: Person USAC should contact Erian Stanlary	<015>	Study Area Name	LOGAN TEL. COOP. INC	
with questions about this data 393 Contact Feliphone Number 394 Contact Feliphone Number 395 Contact Feliphone Number 396 Contact Feliphone Number 397 Contact Feliphone Number 398 Contact Feliphone Number 399 Contact Feliphone Number 399 Contact Feliphone Number 390 Contact Feliphone 390 Cont	<020>	Program Year	2015	
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ANNUAL REPORTING FOR ALL CARRIERS Complete Complet	<039>		bstanley@loganphone.com	
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Value of Complaints per 1,000 customers (voice) Value of Complaints per 1,000 custome				ansheet)
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Calculation Complaints per 1,000 customers (voice)				(attach descriptive document)
Number of Complaints per 1,000 customers (voice) 4100	<320>	Unfulfilled Service Requests (broadband)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Number of Complaints per 1,000 customers (voice)	<330>	Detail on Attempts (broadband)		
Add				(attach descriptive document)
Add	<400>	Number of Complaints per 1,000 customers (voice)		
Number of Complaints per 1,000 customers (broadband) V V V V V V V V V	<410>			V
Add Service Quality Standards & Consumer Protection Rules Compliance Check to indicate certification V V				
A500 Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) (check to indicate certification) (direct to indicate certification) (other to indicate certification)			pand)	V [[]]
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Complete attached worksheet V V V V V V V V V	<600>		(check to indicate cer	rtification)
<610> <700> Company Price Offerings (voice) (complete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <710> Operating Companies and Affiliates (complete attached worksheet) (complete attached worksheet) <710> (if yes, complete attached worksheet) <710 Voice Services Rate Comparability <7100> (if yes, complete attached worksheet) (check to indicate certification) <7100> (attach descriptive document) <7100> (if not, check to indicate certification) <7100> (attach descriptive document) <7100> (complete attached worksheet) <7100> Terrestrial Backhaul (Y/N)? (acmplete attached worksheet) <7100> (complete attached worksheet) <7100> (complete attached worksheet) <7100> (complete attached worksheet) <7100> (complete attached worksheet) <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <7100 <td></td> <td>260413ky610.pdf</td> <td>1</td> <td></td>		260413ky610.pdf	1	
<700> Company Price Offerings (voice) (complete attached worksheet) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companles and Affiliates <900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet) <1000> Voice Services Rate Comparability <1000> Voice Services Rate Comparability (check to indicate certification) <1000> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification)			(attached descriptive	document)
<710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates <900> Tribal Land Offerings (Y/N)? (by yes, complete attached worksheet) <1000> Voice Services Rate Comparability (check to indicate certification) <1010> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> Terrestrial Backhaul (Y/N)? (complete attached worksheet) <11200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet) (check to indicate certification) (check to indicate certification) (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (check to indicate	<610>			
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<900> Tribal Land Offerings (Y/N)?	<710>	HILL STORY CANCELLE AND THE SHELL SHOW AND AND THE STORY SHOW SHOW SHOW AND	(complete attached w	vorksheet)
<1000> Voice Services Rate Comparability (check to indicate certification) <1010> Terrestrial Backhaul (Y/N)? (attach descriptive document) <1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification) <1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (complete attached worksheet) <	<800>	Operating Companies and Affiliates	(complete attached w	vorksheet)
<1010> Terrestrial Backhaul (Y/N)?			(if yes, complete attached w	vorksheet)
<1100> Terrestrial Backhaul (Y/N)?	<1000>	V	(check to indicate cer	rtification)
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<1110> (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers (complete attached worksheet) Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> (check to indicate certification) Complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet (check to indicate certification) (check to indicate certification)				
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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers <2000> <2005> (check to indicate certification) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification) ✓	12007	Company to the Company of the party of the company		
<2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to indicate certification)			S 429 S	
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	×1000	Rate of Return Carriers, Proceed to ROR Additional		
A POST A				The State Control of the State

100000000000000000000000000000000000000	ervice Quality Improvement Reporting Illection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260413		
<015>	Study Area Name	LOGAN TEL.	COOP. INC	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanl	ey	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanleyslo	ganphone.com	
<110>	Has your company received its ETC certification from the FCC?	(ye	s/no) 🔘 💿	
<111>	If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(ye	s/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your care in the progress report filed pursuant to 47 C.F.R. § 54.313(a)(1).	ompany is a	260413ky100.pdf	
	CETC which only receives frozen support, your progress report is only required to address voice telephony service.		1	
	Please check these boxes below to confirm that the attached documents(s), on lin 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.			Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How (USF) was used to improve service quality			
<116>	How (USF)was used to improve service coverage			
<117>	How (USF) was used to improve service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3050-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	260413
<015>	Study Area Name	LOGAN TEL. COOP. INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanleysloganphone.com

	<2>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<tp><p< th=""><th><h>></h></th></p<></tp>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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<010>	Study Area Code	260413	
<015>	Study Area Name	LOGAN TEL. COOP. INC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	hatanleysloganphone.com	
47015	Residential Local Service Charge Effective Date 1/1/2014		
<701>			
<702>	Single State-wide Residential Local Service Charge		

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	 b≥	 <b3></b3>	<b4></b4>	<bs><</bs>	<
_	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
					nue m				
_					See a	tached worksheet			
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<010>	Study Area Code	260433
<015>	Study Area Name	LOGAH TEL. COOP. INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanley@loganphone.com

11>	<a>>	<a2></a2>	<b1></b1>	<b2></b2>	<d< th=""><th><d1></d1></th><th><d2></d2></th><th><d3></d3></th><th><d4></d4></th></d<>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
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			-						
	- 10 7			See attac worksheet -					
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800) Op	erating Companies			FCC Form 481		
ata Coll	lection Form			OMB Control No. 3060-0985/OMB Control No. 3060-081		
		us Kay Santi Juka		July 2013		
<010>	Study Area Code	260413	260423			
<015>	Study Area Name	LOGAN TEL. COOP.	INC			
<020>	Program Year	2015				
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley				
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	hstanley@loganpho	ne.com			
<810>	Reporting Carrier Logan Telephone Cooperative, Inc.					
<811>	Holding Company					
<812>	Operating Company					
<813>	(al)		<a2></a2>	ca3>		
	Affiliates	1	SAC	Doing Business As Company or Brand Designation		
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		See attach	ed workshi	eet		
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	CHICA III.					

THE SECOND POLICE	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260413
<015>	Study Area Name	LOGAN TEL. COOP. INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley
<035>	Contact Telephone Number - Number of person identified in data line <030	> 2705424121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <03	> batanley@loganphone.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your o	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes	
to confi	rm the status described on the attached document(s), on line 920,	
	trates coordination with the Tribal government pursuant to (a)(9) includes:	Select (es,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	119)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
	Compliance with Cultural Preservation review processes	
<928>		1

Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	1	260413	
<015>	Study Area Name		LOGAN TEL. COOP. INC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Brian Stanley	
<035>	Contact Telephone Number - Number of person identified in data lin	ne <030>	2705424121 ext.	
<039>	Contact Email Address - Email Address of person identified in data li	ne <030>	bstanley@loganphone.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)			
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)			

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		260413	
<015>	Study Area Name		LOGAN TEL. COOP. INC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Brian Stanley	
<035>	Contact Telephone Number - Number of person identified in data line	<030>	2705424121 ext.	
<039>	Contact Email Address - Email Address of person identified in data lin	e <030>	bstanley#loganphone.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		260413ky1210.pdf	
<1220>	Link to Public Website	ITTP		Name of Attached Document
or the we	neck these boxes below to confirm that the attached document(s), on line 121 bite listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport:	.0,		,
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1		
<1222>	Details on the number of minutes provided as part of the plan,	✓		
<1223>	Additional charges for toll calls, and rates for each such plan.	1		

	ice Cap Carrier Additional Documentation ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Con	strol Na. 3060-0819
ncluding	Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers			July 2013	
<010>	Study Area Code	260413			
<015>	Study Area Name	LOGAN TEL. COOP. INC			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley		17 40.000	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanley@logamphone.com			
CHECK ti	ne boxes below to note compliance as a recipient of Incremental Connect Ameri	ca Phase I support, frozen High Cost support,	High Cost support to	offset access charge reductions, and Connect Ame	rica Phase II
	support as set forth in 47 CFR § 54.313(b),(c),(d),(t)				
	Incremental Connect America Phase I reporting				
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))				
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		Ħ		
12022	Sid fear Certification (47 CFR § 54.525(b)(2))				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))				
<2012>	2013 Frozen Support Certification				
<2013>	2014 Frozen Support Certification				
<2014>	2015 Frozen Support Certification				
<2015>	2016 and future Frozen Support Certification				
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Reporting (47 CFR § 54.313(e))				
<2017>	3rd year Broadband Service Certification				
<2018>	5th year Broadband Service Certification				
<2019>	Interim Progress Certification				
<2020>	Please check the box to confirm that the attached document(s), on I pursuant to § 54.313 (e)[3](ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providir preceding calendar year.	shall provide the number, names, and	on 🗀		
				1	
<2021>	Interim Progress Community Anchor Institutions				
		1			

	ate Of Return Carrier Additional Documentation lection Form		FCC Form 481 CMB Centrol No. 3050-0986/GM8 Centrol No. 3050-0819 July 2013
			A CONTRACTOR OF THE PROPERTY O
<010>	Study Area Code	260413	
<015>	Study Area Name	LOGAN TEL. COOP. INC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanleyslogaophone.com	
-			
CHECK	the boxes below to note compliance on its five year service quality plan (pursua: CFR § \$4.313(1)(2). I further certify that the	nt to 47 CFR § 54.202(a)) and, for privately held carriers, enturing the information reported on this form and in the documents attained.	
(3010)	Program Raport on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Infor	mation
(3011)	Please check this box to confirm that the attached document(s), on line : § 54.313 (l)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to esses of community anchor institutions to which began	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
		Name of Attached Document Listing Required Information	20
	is your company a Privately Held RDR Carrier (47 CFR § 54.813(f)(2)) If yes, does your company file the RUS annual report	(Yes/No) (Yes/No) [36
Diame	check these boxes to confirm that the attached document(s), on line 301	T analytics the complement information mass, and in E. 51 31315	0/7)
	Electronic copy of their annual RUS reports (Operating Report for	r, contains the required shormation pursuant to § 54.313()	(2) compliance requires:
(3016)	Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	\sim
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54-313(f)(2), contains	-	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to RUS Operating Report for Telecommunicati	ons 🗸
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C		
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.	
	If the response is no an line 3018, please check the baxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
	public accountant		
(3024) (3025)			
	4	260413ky3026.pdf	
(3026)	Attach the worksheet listing required information		1
	L	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	260413
<015>	Study Area Name	LOGAN TEL. COOP, INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanley@loganphone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: LOGAN TEL. COOP. INC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/24/2014

Printed name of Authorized Officer: Gregory Hale

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 2705424121 ext.

Study Area Code of Reporting Carrier:

Filing Due Date for this form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 59 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<010>	Study Area Code	260413	2		
<015>	Study Area Name	LOGAN TEL. COOP. INC			
<020>	Program Year	2015	2.00		
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley	View and the second sec		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanley@loganphone.co	om		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I
also certify that I am an officer of the reporting carrier; my responsi agent; and, to the best of my knowledge, the reports and data provi	bilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ded to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer: ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports	for CAF or LI Recipients on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for u the data reported herein based on data provided by the reporting carrier; and, to the best of my k	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date;
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent: ext.	
Study Area Code of Reporting Carrier: Filing Due Date for	this form:



(700) Price Offerings including Voice Rate Data FCC Form 481 Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 260413 <010> Study Area Code <015> Study Area Name LOGAN TEL. COOP. INC <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Brian Stanley <035> Contact Telephone Number - Number of person identified in data line <030> 2705424121 ext. <039> Contact Email Address - Email Address of person identified in data line <030> bstanley@loganphone.com <701> Residential Local Service Charge Effective Date 1/1/2014 <702> Single State-wide Residential Local Service Charge

<703>

<=1>	ca2>	(43)	<b1></b1>	<b2></b2>	 	 cb4>	<bs><bs></bs></bs>	(0)
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
KY	Adairville		FR	16.5	0.0	0.0	0.0	16.5
KY	Adairville		FR	15.0	0.0	0.0	0.0	15.0
KY	Auburn		FR	16.5	0.0	0.0	0.0	16.5
KY	Auburn		FR	15.0	0.0	0.0	0.0	15.0
KY	Dunmor		FR	16.5	0.0	0.0	0.0	16.5
KY	Dunmor		FR	15.0	0.0	0.0	0.0	15.0
KY	Lewisburg		FR	16.5	0.0	0.0	0.0	16.5
KY	Lewisburg		FR	15.0	0.0	0.0	0.0	15.0
KY	Logansport		FR	16.5	0.0	0.0	0.0	16.5
r.y	Logansport		FR	15.0	0.0	0.0	0.0	15.0
KY	Rochester		FR	16.5	0.0	0.0	0,0	16.5
KY	Rochester		FR	15.0	0.0	0-0	0.0	15.0
				Particular Technology			in the second se	
		-						

(710) Broadband Price Offerings Data Collection Form FCC Form 481 OMB Centrol No. 3060-0986/DMB Centrol No. 3060-0819 July 2013

<010>	Study Area Code	260413
<015>	Study Area Name	LOGAN TEL. COOP. INC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	hstanleyslogaphone.com

ca1>	q2 >	 	<b2></b2>	<<> <di>></di>	<d2:< th=""><th>> <d3></d3></th><th></th><th><d4></d4></th></d2:<>	> <d3></d3>		<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed {Mbps}	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
KY	Adairville	34.95	0.6	34.95	1.5	0.512	0.0	Other, No usage limit.
KY	Adairville	42.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
KY	Adairville	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
KY	Auburn	34.95	0.0	34.95	1.5	0.512	0.0	Other, No usage limit.
KY.	Auburn	42.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
KY	Auburn	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
ку	Dunmor	34.95	0.0	34.95	1.5	0.512	0.0	Other, No usage limit.
KY	Dunmor	42.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
ку	Dunnor	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
KY	Lewisburg	34.95	0.0	34.95	1.5	0.512	0.0	Other, No usage limit.
KY	Lewisburg	42.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
KA	Lewisburg	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
KY	Logansport	34.95	0.0	34.95	1.5	0.512	0.0	Other, No usage limit,
KY	Logansport	42.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
ку	Logansport	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
KY	Rochester	34.95	0.0	34.95	1.5	0.512	0.0	Other, No usage limit.
KY	Rochester	42.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
ку	Rochester	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.

	erating Companies lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260413			
<015>	Study Area Name	LOGAN TEL. COOR	. INC		
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley			
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 ext.	2		
<039>	Contact Email Address - Email Address of person identified in data line <030>	bstanley≋loganp	hone . con		
<810>	Reporting Carrier Logan Telephone Cooperative, Inc.				
<811>	Holding Company				
<812>	Operating Company				100
<813>	(al)		<a2></a2>		<a3></a3>
	Affiliates		SAC	Doln	g Business As Company or Brand Designation



LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN REDACTED FOR PUBLIC INSPECTION

Logan Telephone Cooperative, Inc. Description of Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to 47 C.F.R. § 54.313(a)(5) and/or 47 C.F.R. § 54.422(b)(3), Logan Telephone Cooperative, Inc. ("Company") is in compliance with appropriate FCC and Kentucky Service Quality Standards and Consumer Protection Rules. The Company provides CPNI training to all of its new employees and reviews employee compliance with CPNI rules on an ongoing basis. Logan Telephone Cooperative, Inc. also does annual bill inserts and includes information on company service applications to make its consumers aware of the Company's obligations to protect privacy. In addition, the Company provides training on Red Flag issues and reviews any compliance issues with the company's board of directors on an annual basis to further enhance consumer protection. All Company employees are required to sign and acknowledge that they have completed CPNI training and those involved with extending credit to customers are required to sign and acknowledge that they have completed Red Flag training. Employees certify that they understand obligations to adherence of applicable CPNI and Red Flag rules.

Logan Telephone Cooperative, Inc. Description of Ability to Function in Emergency Situations

Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R § 54.422(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2), Logan Telephone Cooperative, Inc. ("Company") meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to the Company's central and remote offices by use of fixed generator and batteries that provide for a minimum of 8 hours of emergency power service. In addition, the Company's field electronics (Remotes and DSLAMs) have approximately 144 hours of back-up power by use of fixed generators and batteries. Logan Telephone Cooperative, Inc. also has SONET ring technology in its network that allows for traffic to be rerouted automatically should a fiber cut occur in its core network. The Company also has two diverse paths leaving its service territory to its two main interconnection partners to provide for the capability to reroute traffic in case of any outage. The Company is capable of managing traffic spikes resulting from emergency situations by the use of our network management systems and by provisioning excess capacity throughout the network.

Logan Telephone Cooperative, Inc. has a written plan in place to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedures including a formal disaster plan.

FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3050-0819 July 2013 (700) Price Offerings including Voice Rate Data Data Collection Form 260413 <010> Study Area Code <015> Study Area Name LOCAN TEL. COOP. INC <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Brian Stanley <035> Contact Telephone Number - Number of person identified in data line <030> 2705424121 est. <039> Contact Email Address - Email Address of person identified in data line <030> batanlay@lonamphono.com 1/1/2014 <701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	 State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe-
TY.	Adairville		FR	16.5	0.0	0.0	0.0	16.5
CY	Adairville		FR	15.0	0.0	0.0	0.0	15.0
CY.	Auburn		FR	16.5	0.0	0.0	0.0	16.5
CY	Auburn		PA	15.0	0.0	0.0	0.0	15.0
cr	Dunmor		FA	16.5	0.0	0.0	0.0	16.5
CY .	Dunmor		YA	15 0	0.0	0.0	0.0	15.0
cγ	Lewisburg		en	16.5	0.0	0.0	0.0	16.5
CY CY	Lewisburg		ra	15.¢	0.0	0.0	0.0	15.0
(Y	Logansport		FR	16.5	0.0	0.0	0.0	16.5
CA.	Logansport		FR	15.0	0.0	0.0	0.0	15.D
TY .	Rochester		FR	16.1	0.0	9.0	0,0	16.5
CY .	Rochester		ra	15.0	0.0	0.0	0.0	15.0
			11117					
		17-34					-	

and Price Offerings FCC Farm 481 OMB Central No. 3060-0986/OMB Central No. 3060-0889 July 2013
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<010>	Study Area Code	269413
<015>	Study Area Name	LOGAN TEL COOP. THE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Brian Stanley
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705434121 ext
<039>	Contact Email Address - Email Address of person Identified in data line <030>	bstanleyal oganphane. cps

State	Eachange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
r.y	Adairville	34.95	0.0	34.95	1.5	0.512	0.0	Other, No usage limit.
ry	Adairville	42.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
K.I	Adairville	54.95	3.0	54.95	10.0	1.0	0.0	Other, No usage limit.
KY	Auburn	34 .95	0.0	34.95	1.5	0.513	6.0	Other, No usage limit.
кү	מישטעה	42 95	0.0	42.95	5.0	1.0	0.0	Other, No meage limit.
KY	Aubuen	54.95	D.0	54 P5	. 10.0	1.0	0.0	Other, No usage limit.
KY	Duppos	34.95	0.0	34.95	1.5	0.512	0.0	Other, He usage limit.
KY	Dunner	62.95	0.0	42.95	5.0	1.0	0.0	Other, No usage limit.
KY	Durrer	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
KY	Lewisburg	14.95	0.0	14.95	1.5	0.512	0.0	Other, No usage limit.
KY	Levisburg	42 95	0.0	42.95	5.0	1.0	0.0	Cuter, No usage limit.
rr	Fentamid	54 .95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
ΥY	Logansport	34 .95	0.0	34.95	1.5	0.512	0.0	Other, He weage limit.
KY	Loyensport	42.95	0.0	42 95	5.0	1.0	0.0	Other, No usego limit.
KY	legansport	54.95	0.0	54.95	10.0	1.0	0.0	Other, No usage limit.
KY	Rechester	14.95	0.0	34.95	2.5	0.512	0.0	Other, No usage limit.
KY	Ruchester	42.95	0.0	42.95	5.0	1.0	0.0	Other, No umage limit.
KY	Rochestor	54 . 95	6.0	54.95	10.0	1.0	0.0	Other, Ho usage limit.

#0555#65#5156	erating Companies ection Form			FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819
			到五种种种种	July 2013
-010-	rt. s ct.			
<010>	Study Area Code Study Area Name	260413		
<020>	Program Year	LOGALI TEL. C	DOP, THC	
<030>	Contact Name - Person USAC should contact regarding this data	Drian Stanle	,	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2705424121 c		
<039>	Contact Email Address - Email Address of person identified in data line <030>	batanleyslog		
-10001	Consecting Address - English Address of person identified in date time 4000s	01001117-100		
<810>	Reporting Carrier Logan Telephone Cooperative, Inc.			
<811>	Holding Company	(7)(
<812>	Operating Company			
<813>		THE REPORTED IN	<u2></u2>	660
	Affillates		SAC	Doing Business As Company or Brand Designation
,	Callular Division of James Malashari			
	Cellular Division of Logan Telephone			
		- 2001		
	THINK AND THE STATE OF THE STAT	-1797	,	
	District Control of the Control of t			
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	with the transfer and t			
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Logan Telephone Cooperative, Inc. Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Logan Telephone Cooperative, Inc. ("Logan Telephone") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. Logan Telephone's current total local end-user rates¹ of \$15.00 (which includes a local fee of \$15.00, mandated state fees of \$0.00 and mandatory extended area service charges of \$0.00) and \$16.50 (which includes a local fee of \$16.50, mandated state fees of \$0.00 and mandatory extended area service charges of \$0.00) are not above the standard deviation as specified in the USF/ICC Transformation Order. ²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

GENERAL SUBSCRIBER SERVICES TARIFF

Logan Telephone Cooperative, Incorporated

Section D Fourth Revised Sheet No. 10

D.9 LIFELINE

D.9.1 GENERAL

- The Lifeline program is designed to increase the availability of telecommunications services to 1. low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers.
- 2. Lifeline is supported by both the federal and state universal service support mechanism.
- The state universal service support mechanism will be funded by a Kentucky Public Service 3. Commission approved charge on all customers' bills.
- 4. Total support is passed through to the subscriber. The total amount of the eligible credit will not exceed the sum of the state and federal subscriber support or the charge for local service, which includes the access line, the Subscriber Line Charge and local usage.

D.9.2 REGULATIONS

1.

(D)

- One low-income credit is available per Household (T) and is applicable to the primary residential connection only.
- 3. A Lifeline oustomer may subscribe to any local service offering available to other residence customers.
- 4. Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
- 5. The deposit requirement is not applicable to a Lifeline customer who subscribes to full toll blocking. If a Lifeline customer removes full toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
- 6. The federal primary inter-exchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to full toll blocking and do not pre-subscribe to a long distance carrier(s).
- A Lifeline subscriber's local service will not be disconnected for non-payment of regulated toll charges. 7. Local service may be denied for non-payment of local and miscellaneous service in accordance with Section 2 of this Tariff. Access to toll service may be denied for non-payment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
- Lifeline is not available for resale,

Issue Date: March 16, 2012

huma a. Hale

Greg Hale, General Manage

Effective D

4/2/2012

PUBLIC SERVICE COMMISSION OF KENTUCKY

TENER AT	SUBSCRIBER	CEDVICES	TARIFF

Logan Telephone Cooperative, Incorporated

PSC Section D Third Rovised Sheet No. 11

(C)

ELIGIBILITY AND CERTIFICATION

- To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following lowincome assistance programs or have income at or below 135 percent of the Federal Poverty Guidelines [Note 1].
 - Supplemental Scourity Income (SSI)
 - Supplemental Nutrition Assistance Program

(T)

Medicaid

Federal public housing / Section 8

- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families program (TANF)
- National School Lunch's free program (NSL)
- 2, All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.
- Proof of eligibility in any of the qualifying low-income programs should be provided to the company at the 3. time of application for service. The Lifeline credit will not be established until the Company has received proof of eligibility. If the customer requests installation prior to the company's receipt of proof of eligibility, the requested service will be provided without the Lifeline oredit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.
- 4. Proof of eligibility shall be in the form of an affidavil, certifying under penalty of perjury, that the subscriber is receiving benefits under one of the qualifying programs. It is the customer's responsibility to notify the company when the customer is no longer participating in any of the qualifying programs.
- The company reserves the right to periodically audit its records, working in conjunction with the 5. appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal law. The use or disclosure of information concerning enrollers will be limited to purposes directly connected with the administration of the Lifeline plan.
- When a customer is determined to be ineligible as a result of an audit, the company will contact the 6. customer. If the customer cannot provide eligibility documentation, the Lifeline cradit will be discontinued.

[Note I] This provision is effective June 1, 2012.

Issue Date: March 16, 2012

Issued by: Greg Hale, General Manager

Effective D

4/2/2012

PUBLIC SERVICE COMMISSION OF KENTUCKY

GENERAL SUBSCRIBER SERVICES TARIFF

Logan Telephone Cooperative, Incorporated

Section D Seventh Revised Sheet No. 12

D.9.4 RATES AND CHARGES

- 1. Lifeline is provided as a monthly credit on the eligible residential subscriber's access line bill for local
- 2. Service charges in the Tariff may be applicable for installing or changing Lifeline service.

3,

- 4. Service charges do not apply for converting existing service to Lifeline.
- 5. The Lifeline credit passed through to the customer consists of:

Credit, one per Lifeline per Household, limited to the total amount of charges.

The State and Pederal Credit, one per Lifeline.

Federal State Lifeline Credit \$9.25 \$3.50 (C)

б. The Lifeline implementation charge to on all customers' shall be as follows:

Kentucky Lifeline Support

\$0.08/access line

Issue Date: May 21, 2012

Issued by:

my a Hale Greg Hale, General Manager

Effective Date: July 6,

5/21/2012

TARIFF BRANCH

PUBLIC SERVICE COMMISSION OF KENTUCKY

tomorphism manipulation and the second of th GENERAL SUBSCRIBER SERVICES TARIFF Logan Telephone Cooperative Incorporated Section C Fourth Revised Sheet 2 C.1 Local Exchange Service Rates C.1.1 Definitions Network Access Charge (T) The recurring monthly charge for residential or business service that accounts for notwork services through the protector. This covers the Company's cost for bringing the entire national network to the local premise. C.1.2 Rates (T) A. Monthly exchange rates for: Adairville (T) Auburn Dunmor Lowisburg Logansport Rochester OHE-PARTY BASIC LOCAL SERVICE RATE COMPONENTS RESIDENCE BUSINESS Network Access Charge (0) \$15.00 \$22.80 (Existing rotary customers who do not subscribe to touchtone service will be "grandfathored" and rotary service will continue to be optional while they remain at their current addross.) Network access charge (includes touchtone service charges and is mandatory for all new customers. Touchtone service as a separate charge will be discontinued per Section N.7.2 Shoot 6.) 16.50 24.80 (N) The rates specified herein, entitle subscribers to an unlimited number of messages to all parties as identified in the Toll free Calling Areas identified below: PUBLIC BERVICE COLATIONICAL TOLL FREE OF KENTUCKY EFFECTIVE CALLING AREAS EXCHANGE Adaliville Auburn Lowisburg DUMMUL FEB 08 1997 Russellville (Boll) PURSUANT TO BOJ KAR 5:011, Auburn Adairville SECTION 9 (1) Orden E. Heel Lewisburg Dummor NOW THE ROUTING GENERICE CONTINUES AND WOL Issued: January 8, 1997 Effective: February 8, 1997

BY: Allelie

Conoral Manager

LINE 3005 RATE OF RETURN DATA

REDACTED FOR PUBLIC INSPECTION